

<i>SERFF Tracking Number:</i>	<i>AMLC-126334305</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44001</i>
<i>Company Tracking Number:</i>	<i>SGADD NP</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Blanket Accidental Death and Dismemberment Policy</i>		
<i>Project Name/Number:</i>	<i>SGADD NP/SGADD NP</i>		

Filing at a Glance

Company: American Income Life Insurance Company

Product Name: Blanket Accidental Death and Dismemberment Policy

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Filing Type: Form

SERFF Status: Closed-Approved-Closed

Co Tr Num: SGADD NP

Author: Angela Fincher

Date Submitted: 11/09/2009

State Tr Num: 44001

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 11/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 12/14/2009

Implementation Date:

State Filing Description:

General Information

Project Name: SGADD NP

Project Number: SGADD NP

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/12/2009

Deemer Date:

Submitted By: Angela Fincher

Filing Description:

Re: SGADD NP – Blanket Accidental Death and Dismemberment Policy

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently in Indiana, our state of domicile.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

State Status Changed: 11/12/2009

Created By: Angela Fincher

Corresponding Filing Tracking Number:

Enclosed are copies of the above mentioned form which is not meant to replace any previously approved forms. This form has been written in readable language and has a FLESch readability score of 59.6.

This blanket accidental death and dismemberment policy will be marketed to labor unions, credit unions, and other

SERFF Tracking Number: AMLC-126334305 State: Arkansas
 Filing Company: American Income Life Insurance Company State Tracking Number: 44001
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membership groups. All eligible persons are covered. The coverage is provided at no cost. The application is TG-13 (R1080) approved 12/7/1982. The certificates to be used with this master policy are TG-20 (R82) approved 12/7/1982 and TG-20S (R82) approved 6/26/1997. There is no actuarial memorandum submitted with this form since it is provided at no cost.

We trust you will find this filing in order. Please contact me if you need any additional information.

Company and Contact

Filing Contact Information

Angela Fincher, Contract Analyst
 PO Box 2608
 Waco, TX 76797
 afincher@aillife.com
 254-761-6761 [Phone]
 254-741-5723 [FAX]

Filing Company Information

American Income Life Insurance Company
 P.O. Box 2608
 Waco, TX 76797
 (254) 761-6761 ext. [Phone]
 CoCode: 60577
 Group Code: 290
 Group Name: Liberty National
 FEIN Number: 74-1365936
 State of Domicile: Indiana
 Company Type: Life and Health
 State ID Number: 498

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 * 1 policy/contract = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Insurance Company	\$50.00	11/09/2009	31905628

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/12/2009	11/12/2009

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Disposition

Disposition Date: 11/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Disapproved	Yes
Supporting Document	Application	Disapproved	Yes
Form	Blanket Accidental Death and Dismemberment Policy	Disapproved	Yes

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Product Name: Blanket Accidental Death and Dismemberment Policy

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Form Schedule

Lead Form Number: SGADD NP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Disapprove	SGADD NP	Policy/Cont	Blanket Accidental	Initial		59.600	SGADD
d		ract/Fratern	Death and				NP.pdf
11/12/2009		al	Dismemberment				
		Certificate	Policy				



American Income Life Insurance Company

Legal Reserve Stock Company Home Office: Indianapolis, Indiana

Executive Office: P. O. Box 2608, Waco, Texas 76797

We will pay the insurance benefits set forth in this policy.

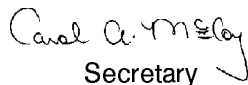
This policy has been issued to the policyholder in return for the application. The policy can be terminated on written notice by the policyholder. We may terminate as of a renewal date by giving 31 days written notice to the policyholder.

An individual's coverage will take effect on the issue date or when the individual becomes eligible, whichever is later.

An individual's coverage will cease when the individual is no longer eligible or when the policy terminates.

This policy is governed by the laws of the state of delivery.

The benefits and provisions set forth on the following pages are a part of the policy.


Secretary


President

Blanket Accidental Death and Dismemberment Policy

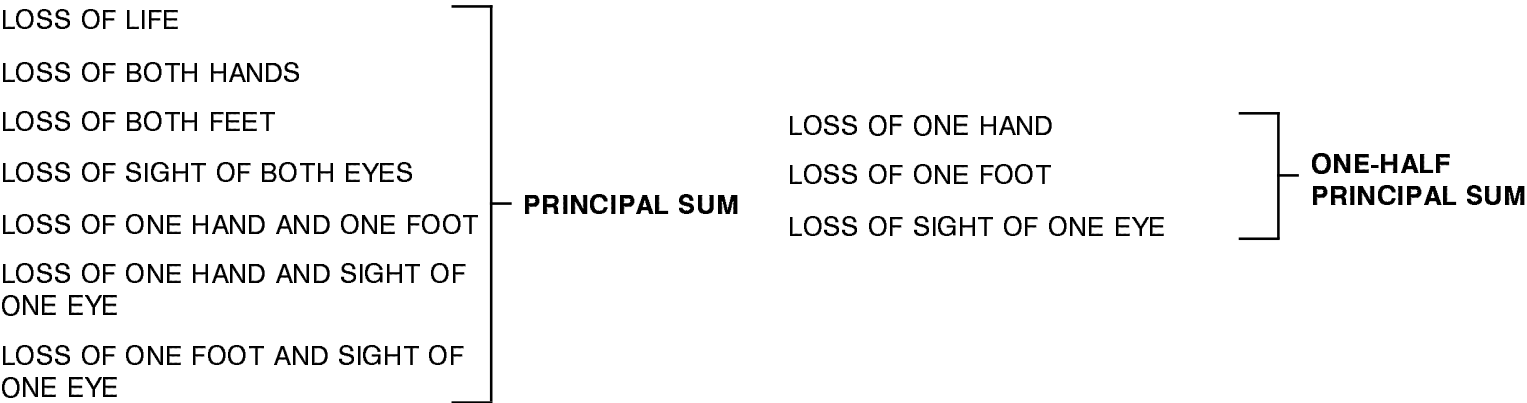
Noncontributory - Nonparticipating

NAME AND ADDRESS OF INSURED

POLICY NUMBER



BENEFITS FOR ACCIDENTAL LOSS - If loss listed below occurs we will pay:



Loss of a hand means cut off through or above the wrist. Loss of a foot means cut off through or above the ankle. Loss of sight means blindness which cannot be corrected to at least 20/200 vision. Any loss must occur within 90 days of the accident causing the loss to be payable.

EXCLUSIONS - The Policy does not cover loss due to:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, medical treatment or surgery;
3. Voluntary taking of drugs, unless prescribed by a doctor;
4. Injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
5. Committing or attempting to commit a felony or assault;
6. Taking part in a riot or insurrection; or
7. War or any act of war, or any injury sustained while serving in the military forces engaged in war whether declared or undeclared.

CONVERSION - When coverage terminates on an insured, the insured can convert to an individual policy. Application must be made within 31 days. The benefits will be the same as this group contract. The premium will be at the rate then in effect for this coverage for the age and class of risk of the insured. No evidence of insurability is required.

** SCHEDULE OF INSURANCE **

THE INDIVIDUALS ELIGIBLE ARE:
ARE ALL DUES PAYING MEMBERS OF ABC UNION LOCAL 1

PRINCIPAL SUM \$1,000.00

NAME AND ADDRESS OF POLICYHOLDER

ABC UNION LOCAL 1
1200 WOODED ACRES
WACO PA 76797

ISSUE DATE AUG 1, 2007

GROUP POLICY NUMBER SG123

GENERAL PROVISIONS

Premium Rate: This policy is issued at no cost.

Application; Statements; Entire Contract: A copy of the application for this policy is attached. Statements by the policyholder are representations and not warranties. No statement shall be used in defense of a claim unless made in the application. This policy and the application are the entire contract.

Policy Changes: No agent can change this policy or waive any of its provisions. No change in this policy is valid unless approved by one of our officers and endorsed on this policy.

Certificates: A certificate of coverage which summarizes this policy will be provided. The terms of this policy will control.

Notice of Loss: Written notice of loss must be given within 20 days, or as soon as reasonably possible.

Proof of Loss: Written proof of loss must be given within 90 days after the date of the loss, or as soon as reasonably possible.

Forms for Proof: When we receive notice of claim, we will send any required claim forms within 15 days. If the person making the claim does not receive these forms within this time, proof of loss requirements will be met by sending us written proof of the occurrence, character, and extent of the loss.

Examination, Autopsy: We have the right, at our expense, to have the insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

Time of Payment of Claims: We will pay for any loss covered by this policy as soon as we receive proof.

Beneficiary; Payment of Claims: All benefits except those for loss of life will be paid to the Insured. Benefits for loss of life will be paid to the beneficiary designated by the Insured, other than the Policyholder or an officer thereof as such. The beneficiary designation must be made in writing to our Executive Office. If no beneficiary designation is effective, payment may be made to the insured's estate. At our option, if no beneficiary designation is effective, or if the designated beneficiary is not competent to give a valid release, we may pay up to \$1,000 to any relative by blood or marriage who appears equitably entitled. Any payment in good faith will discharge us to the extent of such payment.

Change of Beneficiary: Each insured may change the beneficiary by sending us a signed written request.

Time Limit on Certain Defenses: No misstatements in the application shall be used in defense of a claim incurred after this policy has been in force for two years.

Legal Actions: No legal action may be brought on this policy within 60 days after proof of loss. No legal action may be brought on this policy more than six years after proof of loss was required.

Worker's Compensation: This policy is not a worker's compensation policy. It does not satisfy any requirements for worker's compensation insurance.

Conformity With State Statutes: If any provision of this policy is in conflict with the law of the state of delivery, it is hereby amended to conform to that law.



AMERICAN INCOME LIFE INSURANCE COMPANY

Legal Reserve Stock Company

Home Office: Indianapolis, Indiana

Executive Offices: P.O. Box 2608, Waco, Texas 76797 254-761-6400 www.aillife.com

Blanket Accidental Death And Dismemberment Policy

Non-Contributory – Non-Participating



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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ARReadCert.pdf	Disapproved	11/12/2009

	Item Status:	Status Date:
Satisfied - Item: Application Comments: TG-13 (R1080) approved 12/7/1982 Attachment: TG-13 (R1080).pdf	Disapproved	11/12/2009

STATE OF ARKANSAS

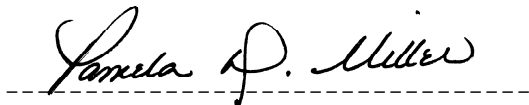
CERTIFICATE OF COMPLIANCE

I, PAMELA D. MILLER, AN OFFICER OF THE AMERICAN INCOME LIFE INSURANCE COMPANY, HEREBY CERTIFY THAT THE FOLLOWING FORM(S) HAS (HAVE) THE FOLLOWING READABILITY SCORE(S) AS CALCULATED BY THE FLESCH READING EASE TEST AND THAT THE FORM(S) MEET ALL REQUIREMENTS SET FORTH IN ARKANSAS STATUTES 66-3251 THROUGH 66-3258, CITED AS THE LIFE AND DISABILITY INSURANCE POLICY LANGUAGE SIMPLIFICATION ACT.

FORM(S)	SCORE
SGADD NP	59.6

DATED November 9, 2009

AMERICAN INCOME LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Pamela D. Miller", is written over a horizontal dashed line.

PAMELA D. MILLER, FLMI/M, AIRC, ACS
VICE PRESIDENT
COMPLIANCE

PFCERTAR



American Income Life Insurance Company
Executive Offices: P. O. Box 2608, Waco, Texas 76797

Application is hereby made for Group Accidental Death and Dismemberment Insurance provided by American Income Life Insurance Company, Waco, Texas by:

Policyowner _____
(Please Print)

Group Abbreviation _____

Address _____
Street City State Zip

Phone () _____
Area

1. Primary Insurance Amount _____

2. Persons Eligible _____
_____ Total Number of Eligible Individuals _____

3. Address correspondence to _____

4. No insurance is in force until a policy is issued. If issued, the policy will be effective the date of approval by American Income Life at its Executive Office in Waco, Texas.

Dated at _____ this _____ day of _____, _____.
(City/State)

Licensed Resident Agent By _____
Officer's Name and Title

